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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000046134

1. Corporation Name

SOUTHEASTERN CONSTRUCTION SALES COMPANY

Principal Place	of Business	Mailing Address			((((((((((((((((((((), 46111 EE(),		
3081 E. COMME	ERCIAL BLVD	3081 E. COMMERCIAL BLVD							
101 101 ST. LAUDEDDALE EL 20209					DO NOT WRITE IN THIS SPACE				
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 US US					3. Date Incorporated or Qualified				
0 3		00			06/15/1994				- 1
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number			App	lied For
	E. COMMERCIAL BLVD	26 3 081 E. COMME	FRCI AL	- ALUD.	65-049975	5		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75 A	I
22	#105	27 #105			5. Certificate of S	natus Desired		Fee Red	quired
City & State	9	City & State			6. Election Camp	paign Financing		\$5.00	May Be
23 FT. L	AUDERDALE, FL	28 FT. LAVDERDA		FL	Trust Fund Co			Added to	Fees
Zip	Country	_ Zip	Country		8. This corporati		ent year int		
24 333	08 25 U.S.	29 33368 30		<u>,5.</u>	Personal Prop			☐ Yes V//T	⊔No
	9. Name and Address of Current F	Registered Agent	041	Maria	10. Name and A			Agent	
HANTMAN, ARNOLD				81 Name ARNOLD HANTMAN					
				Street Addre	ss (P.O. Box Numb	er is Not Accepta	ible)	.10	
3081 E. COMMERCIAL BLVD, SUITE 101 FT. LAUDERDALE FL 33308				3081	E. COM	MERCIA	L BL	עט	
			83	50	ITE #1	05 ·			1
			84	City	1	11	C I	85 Zip C	ode
					AUDERDA		FL	<u>. ラ </u>	300
office or re	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of	Florida Such change was auth	orized by t	-named corporation	ration submits this s n's board of director	statement for the s. I hereby accer	purpose of at the appoi	changing its intment as reg	istered
agent. I a	m familiar with, and accept the obligatio	ns of, Section 607.0505, Florida	a Statutes.	•					
SIGNATURE							DATE	,	
40	Signature, typed or printed name of registered agent a OFFICERS AND		13.	signature required		HANGES TO OF		ND DIRECTO	RS IN 12
TITLE	D OFFICERS AND	DELETE	1.1 TITLE	D	1			☐ Change	Addition
NAME	HANTMAN, ARNOLD		1.2 NAME	1.5	BUDIO H	ANTMAN	,		
STREET ADORESS	AND E COMMISSION DIVID OFFEE 404			ADDRESS 30	BI E. COM	ım ERCIAL	_ BLN	D. 50/1	E#105
CITY-ST-ZIP	FT. LAUDERDALE FL	#IE 101	1.4 CITY-ST				~ 3	3308	j
TITLE	P			- 11	7	- , . .		Change	Addition
NAME	•	□ DELETE	2.1 TITLE	19					
HANK	DOCTORS DONALD H	L_I DELETE		P	ONALD H.	DOCTOR	35		- h
STREET ADDRESS	DOCTORS, DONALD H		2.2 NAME	l iDA	OWALD H	DOCTOR	TAL	BLVD. SC	VII E#1 05
STREET ADDRESS	3081 E. COMMERCIAL BLVD., SI		2.2 NAME 2.3 STREET	ADDRESS 36	ONALD HOSELES	DOCTOR OMMERC AUE F	TAL	BLVD. SC	n eth as
CITY-ST-ZIP			2.2 NAME	ADDRESS 36	ONALD H. OSI E.C. LAVDERD	DOCTOR OMMERC ALE, F	TAL		Addition
CITY-ST-ZIP TITLE	3081 E. COMMERCIAL BLVD., SI	UITE 101	2.2 NAME 2.3 STREET 2. 4 CITY-ST	ADDRESS 36	ONALD H OSI E.C LAVDERD	DOCTOR OMMERC ALE, F	TAL	BLVD. S 3306	
CITY-ST-ZIP TITLE NAME	3081 E. COMMERCIAL BLVD., SI	UITE 101	2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE	ADDRESS 36	ONALD H OSI E.C LAVDERD	DOCTOR OMMERC ALE, F	TAL	BLVD. S 3306	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	3081 E. COMMERCIAL BLVD., SI	UITE 101	2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS T-ZIP F7 ADDRESS	ONALD H OSI E-C LAVDERD	DOCTOR OMMERC AUT, F	TAL	BLVD. S 3306	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3081 E. COMMERCIAL BLVD., SI	UITE 101	2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME	ADDRESS T-ZIP F7 ADDRESS	OWALD HOSE ECLANDERD	DOCTOR OMMERC AUE, F	TAL	BLVD. S 3306	
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	3081 E. COMMERCIAL BLVD., SI	UITE 101	2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST	ADDRESS T-ZIP F7 ADDRESS	OWALD HOSE ECLANDERD	DOCTOR OMMERC AUE, F	TAL	<i>§C.JD. St</i> 3 <i>306</i> □ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	3081 E. COMMERCIAL BLVD., SI	UITE 101	2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP	ONALD HOSEI E.C.	DOCTOR OMMERC AUE, F	TAL	<i>§C.JD. St</i> 3 <i>306</i> □ Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3081 E. COMMERCIAL BLVD., SI	DELETE DELETE	2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	OWALD H. OSI E.C LAVDERD	DOCTOR	TAL	SALD. SA 3 306 Change Change	Addition Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: